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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	09/997,390
		<b>Filing Date</b>	November 30, 2001
		<b>First Named Inventor</b>	Stephen D. Pacetti
		<b>Group Art Unit</b>	3731
		<b>Examiner Name</b>	Uyen T. Ho
<b>Total Number of Pages in This Submission (excluding references)</b>	2	<b>Attorney Docket Number</b>	50623.62

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (___ month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan/ Reg. No. 44,826
Signature	
Date	July 23, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail # EV 339 062 914 US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 23, 2004			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
Stephen D. Pacetti

Examiner: Uyen T. Ho

Serial No.: 09/997,390

Art Unit: 3731

Filed: November 30, 2001

Title: Apparatus And Method For Coating Implantable Devices

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Commissioner for Patents  
USPTO  
PO Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

Dear Examiner Ho:

In response to the Restriction Requirement mailed on July 13, 2004, Applicant elects without traverse Group I, Claims 1-8, 19-22 and 29-34. Applicant also elects Species I. Applicant identifies the following claims consonant with this Office Action: 1, 2, 3, 4, 5, 6, 7, 8, 20, 21, 22, 29, 30, 31, 33, and 34.

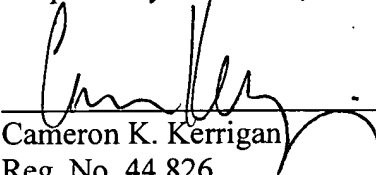
Should the Examiner have any questions or concerns, the Examiner is invited to call Cameron Kerrigan at (415) 954-0323.

The undersigned authorizes any fees that may be required, or credit of any overpayment to be made to Deposit Account No. 07-1850.

Date: July 23, 2004

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Respectfully submitted,

  
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